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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	EVRY-0003	
	First Named Inventor	Boncyk et al.	
	COMPLETE IF KNOWN		
	Application Number	/	
	Filing Date	5 November 2001	
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMAGE CAPTURE AND IDENTIFICATION SYSTEM AND PROCESS

the specification of which (Title of the invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/317521	09/05/2001	
60/246295	11/06/2000	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FORM PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(6) of any PCT international application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 115, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/284.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all communications to the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
George W. Finch	25,113		

☐ Additional registered practitioner(s) named on supplemental Practitioner Information sheet PTO/SB/284 attached herein.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **24046** OR ☐ Correspondence address below

Name	George W. Finch		
Address	1620 26th Street, Suite 6000, North Tower		
City	Santa Monica	State	CA
Country		Telephone	(810) 315-8234
		Fax	(310) 315-8210

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the use of such statements are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Wayne C.		BONCYK	
Inventor's Signature	<i>Wayne C. Boncyk</i>	Date	11/5/01
Residence City	Louisville	State	CO
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Post Office Address	960 Eldorado Lane		
City	Louisville	State	CO
		Zip	80027
		Country	USA

☐ Additional inventors are being named on the supplemental Additional Inventors sheet(s) PTO/SB/284 attached hereto.

FOUO " 24046660

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DECLARATION

 ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald H.		COHEN	
Inventor's Signature	<i>R. Cohen</i>		Date
			11/5/01
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City	Pasadena	State	CA
		ZIP	91107
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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